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		REPORTS INVE	NTORY					
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1. TITLE OF REPORT (if a fill-in report include Form No.)						E X STATISTI X NARRATIV		
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3. FUNCTIONAL AREA		LOGISTICS		SECURITY		OTHER (specify)		
		MEDICAL	FINANCE					
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		terly, etc.)	6. DISTRIBUTION (No. of components not number of copies)			
$\operatorname{Two}$		Annual			One			
7. FORMAT (memorandum, form					DIRECTIVE AUTHORITY REQUIRING REPORT			
computer print-out, etc)				46 NO.	None			
Tabular		X NO						
	UMPUNENT (INC g information	lude lowest level to report)	Form No.,	or nomenclat	ure. Attach	separate sheet	if necessary.)	
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		B. COSTS	OF COMPUTER	PRODUCED R	EPORTS			
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13. COMPLETE DE	TAILED JUSTII	FICATION FOR THIS F	REPORT (in addition	to directive	or authorit	y cited in item	9). IF KNOWN,	
INCLUDE DAT	TE REPORT WAS	FIRST STARTED AND	COMPONENT WHO ESTA	REISHED REGUL	REMENI.			
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14. FUTURE GOALS						F0=+14==	D CAVINO	
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS MAN-HOURS DOLLARSAT		
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16. DATE OF IN		7. NAME AND TITLE	F PERSON FURNISHIN	G INFORMATION				
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